

Electronic Submittal Authorization Form

Directions: Please insert the information, sign and return the completed form to the CIWQS Help Center. If additional Responsible Official(s) need to be registered, please replicate as needed.

I, _____, certify that I am the legally
(prefix, first, middle, last, suffix)
 authorized representative for _____. My
(facility name)
 signature on this form also certifies that I agree

that my user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as by a hand-written signature.

I agree that I will protect my electronic signature from unauthorized use, and that I will contact the Water Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

Attached to this form is a copy of my organization and facility information, such as the cover page from an issued Order containing the Order number and facility physical address or location (not mailing address).

I have provided the following information:

Name (prefix, first, middle, last, suffix): _____
 Mailing Address (street): _____
 City, State, Zip: _____
 Phone Number: _____
 FAX Number: _____
 E-Mail Address: _____
 Organization: _____
 Facility: _____
 Title/Role: _____

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and _____ to be bound by its terms.

(facility name)

Signed: _____

Date: ____ / ____ / ____

Mail completed form to:
 CIWQS Registration
 P.O. Box 671
 Sacramento, CA 95812